

Joseph W Bowan

Town

Welcome

County

char

MARYLAND

Died at

Month Day

Y. M. D.

Native of

Occupation

Date 1906

8 2

10 15

char Co

none

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of _____

Wife _____

Father's Name

Samuel Bowan

Mother's

Maiden Name

Sadie Monroe

Cause of Death

Primary

Summer Complaint

How long sick

Immediate

105

Accident, Suicide, Homicide

Reported by

Samuel Bowan Father

Address



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Reported by
W. F. Brauner
Seth Roy

Name
in
Full

Joe Brauner

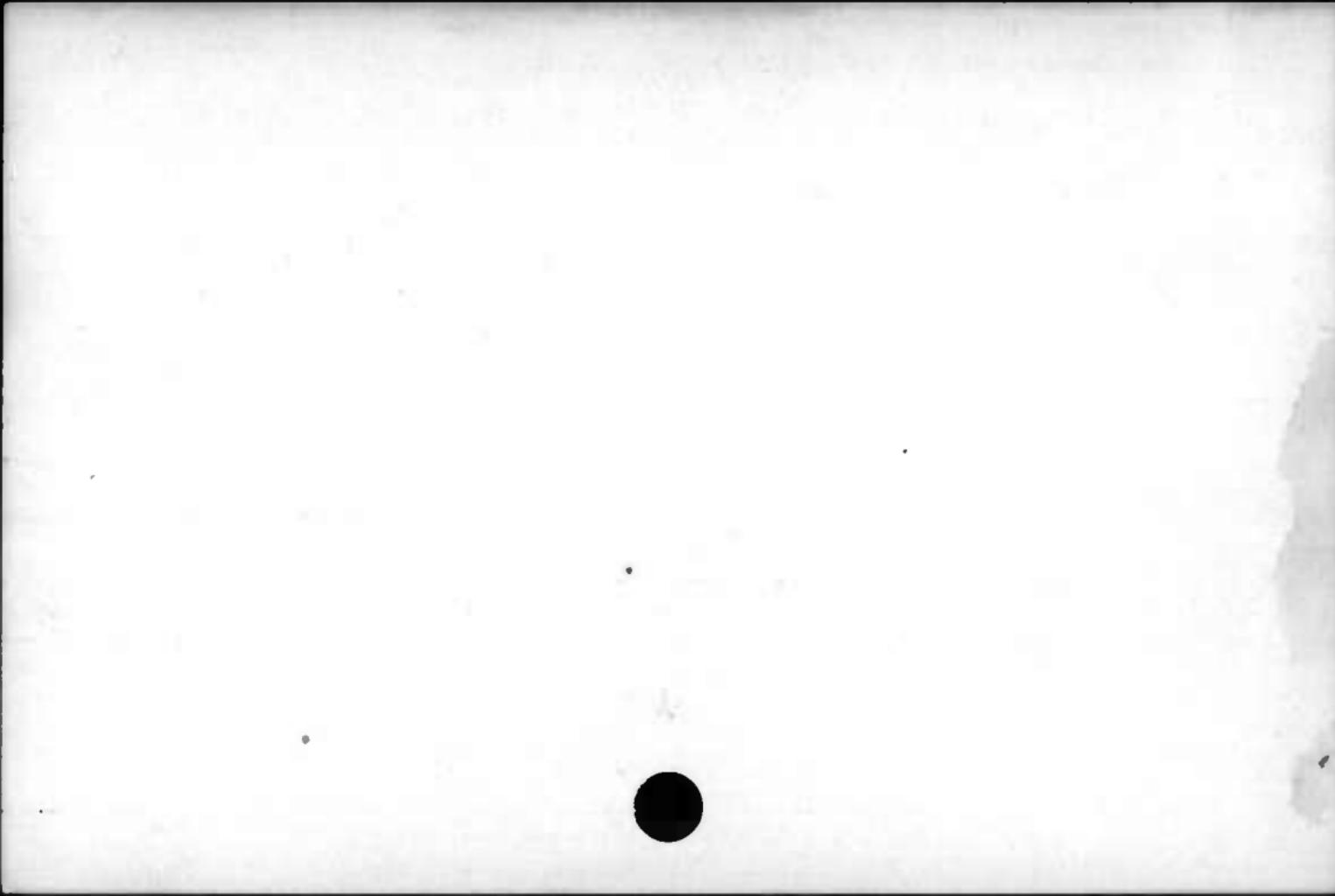
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Tompkins	Charles			
Date of death 1903	Month 8	Day 10	Age 78	Years	Months Days
Sex male	Color or Race C	Occupation Farmer	Birth-place Md		
Married, Single or Widowed					
Name of Wife or Husband Mary Hawkins.					
Father's Name	not known	Father's Birthplace	Md		
Mother's Maiden Name	not known	Mother's Birthplace	Md		
Name of person giving Information	Joseph Hawkins Jr	How related to deceased	son		

CAUSES OF DEATH

Primary	Actinomycetes Degeration	How long	6 months
Immediate	Cardiac Complications	How long	4 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	S. Linn Hamner
Yes 81		Address	Mason Springs Md.
Accident or Suicide?			



Name
in
Full

Richard Butler.

CERTIFICATE OF DEATH

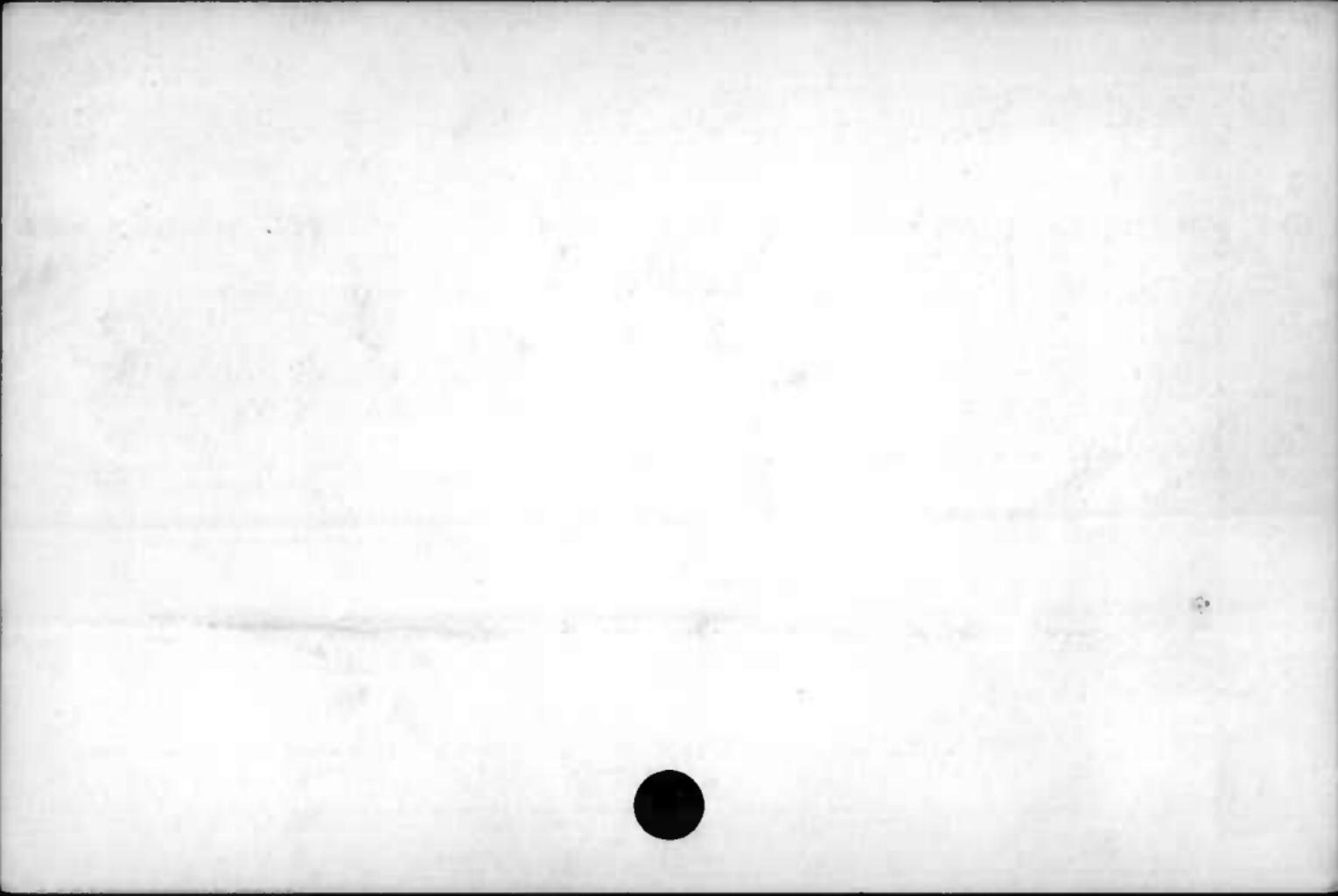
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Bryantown	Charles		Months	Days	
Date of death 1903	Month 8	Day 10	Years	—	—
Age 13					
Sex Male	Color or Race Black	Occupation	Birth-place	md	
Married, Single or Widowed Single					
Name of Wife or Husband —					
Father's Name Joseph Butler			Father's Birthplace	md	
Mother's Maiden Name Mary Dorsey			Mother's Birthplace	md	
Name of person giving Information Joe. Butler			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid fever	How long	3 weeks
Immediate	Intestinal dysentery	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. C. Lippincott
		Address	Keeler Avenue Baltimore
Accident or Suicide?			md



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

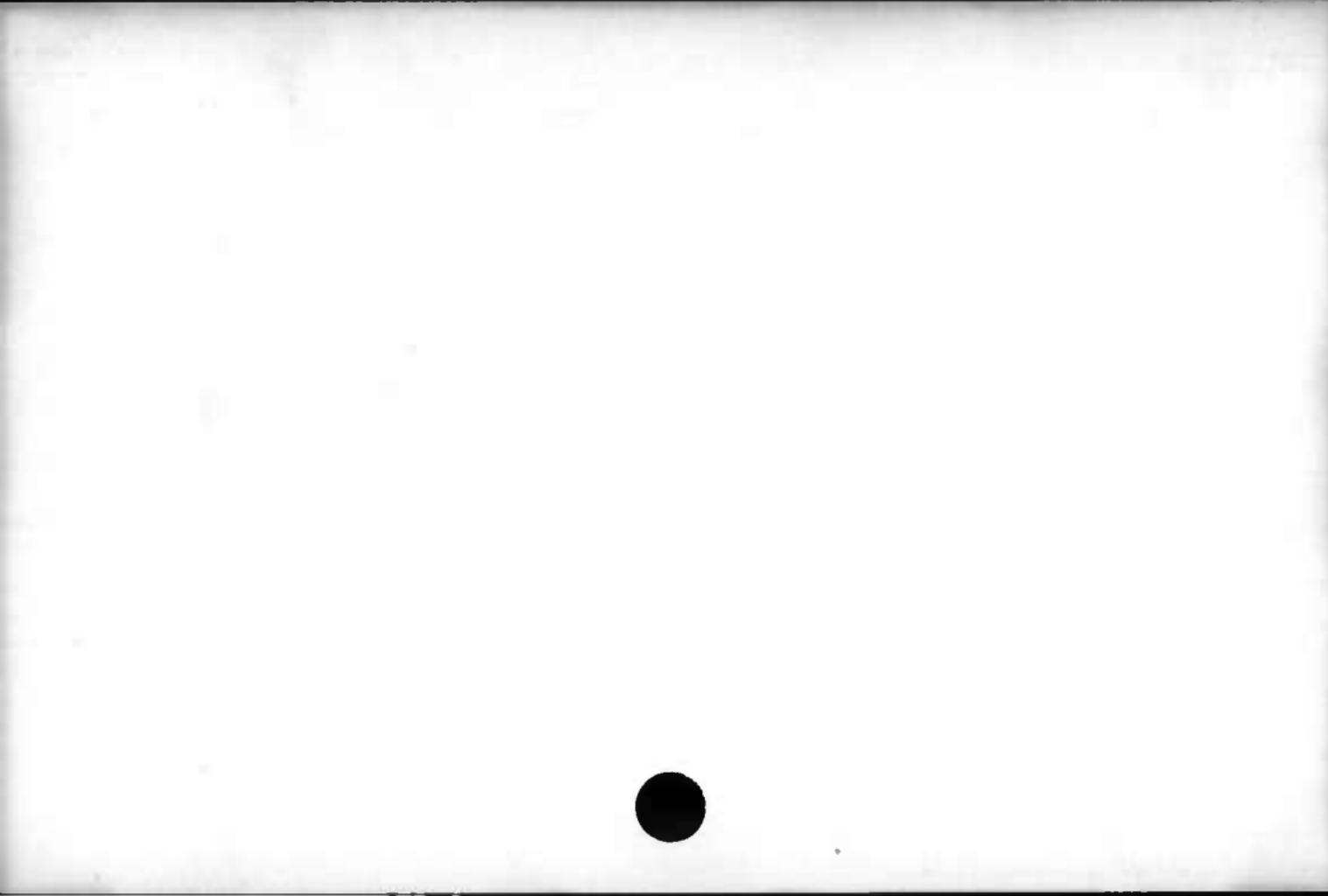
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County				
Date of death	1903	Month Aug	Day 7	Years —	Months 2	Days —	
Sex	Female	Color or Race	—	Birth-place			
Occupation	—	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband	—	105			
Father's Name	Mr. J. W. Dunn	Father's Birthplace					
Mother's Maiden Name	—	Mother's Birthplace					
Name of person giving information	—	How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acholera Inflammation	How long
Immediate	—	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician L. C. Leavens	
	Address	
Accident or Suicide?		



Francis Dyer

Town

County

Died at

Beyonvourf Charles

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Age

Married

4

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

L. L. Lovaud MD

Address

Beyonvourf

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Hannah Russell Dyer
 Town County
 Pomeroy Belmont

MARYLAND

Died at

Date 1903

Month Day

Y. M. D.

Native of

Occupation

Male

Age
Wife
Married

Widow

Divorced

Female

Colored
Single

Widower

Number of children living

9

Husband of _____

Wife

Father's Name

Albert Dyer Mother's
 Jan Kooth Slued Maiden Name

Cause of

Primary

Not Disease

How long sick

1 month

Death

Immediate

Malice

Accident, Suicide, Homicide

Reported by

Albert Dyer

Address

Pomeroy Chas Reed

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

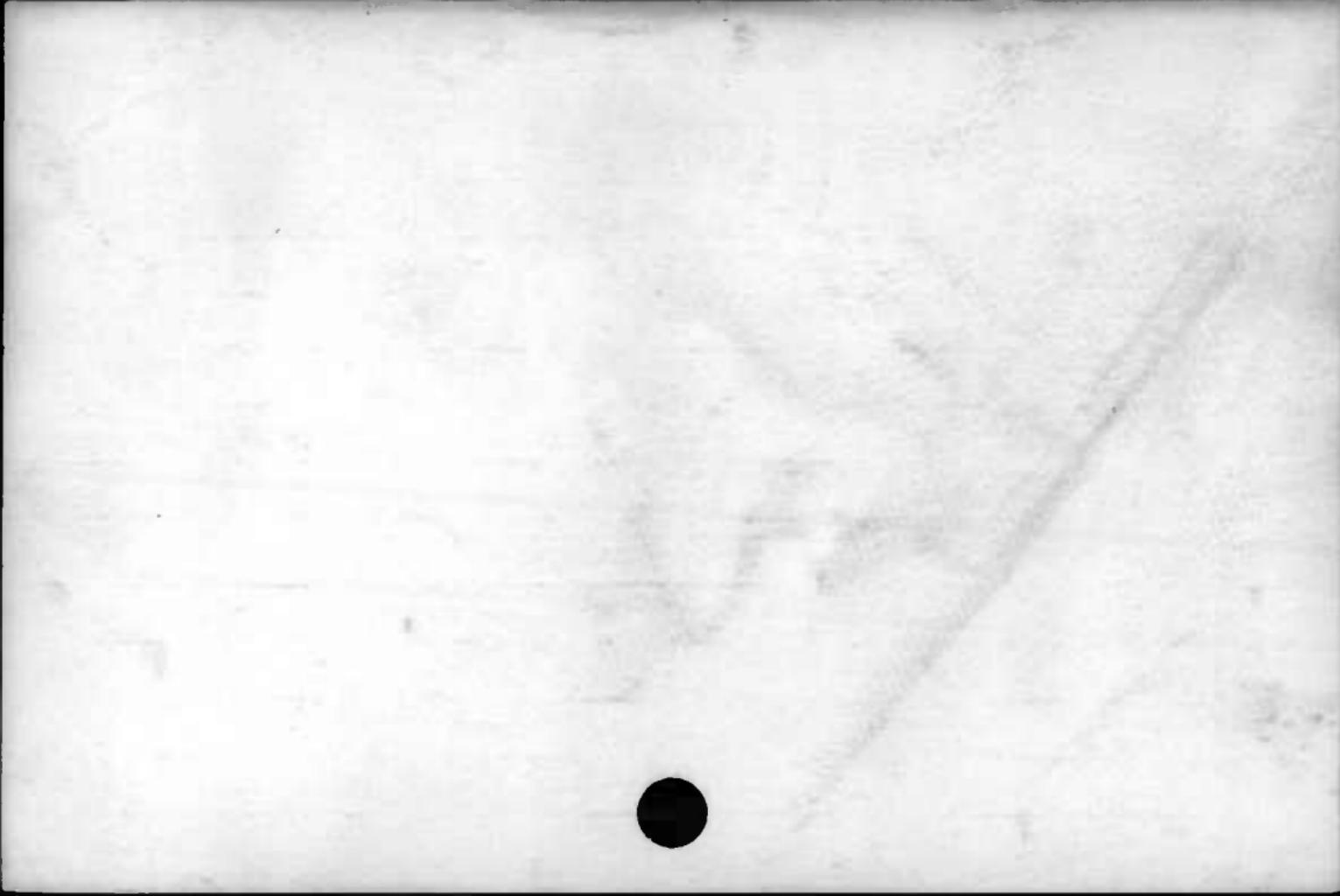
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death 190	3	Month 8	Day 24	Years	Months	Days 21
Sex	male	Color B	Age C	Birth-place	Ind.	
Married, Single or Widowed		Occupation			Tanner	
Name of Wife or Husband						
Father's Name	Sam'l A. Gray			Father's Birthplace	Md.	
Mother's Maiden Name	Harriet Brown			Mother's Birthplace	Md.	
Name of person giving Information	Mother Sam'l Gray			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Malaria	105	How long	life time
Immediate	Asthenia	Heart Disease	How long	life time
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Paul L. Salmon M.D.	
Yes		Address	Mason Springs Ind.	
Accident or Suicide?				



Mrs Elizabeth Harvey

Town *Baltimore* County *Anne Arundel* MARYLAND

Died at

Date 1913

Month Aug

Day 20

Y. 75

M.

D.

Native of *Indonesia*

Occupation

 Male

White

 Married

Widow

Divorced

 Female

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Chronic bronchial condition

How long sick

Death

Immediate

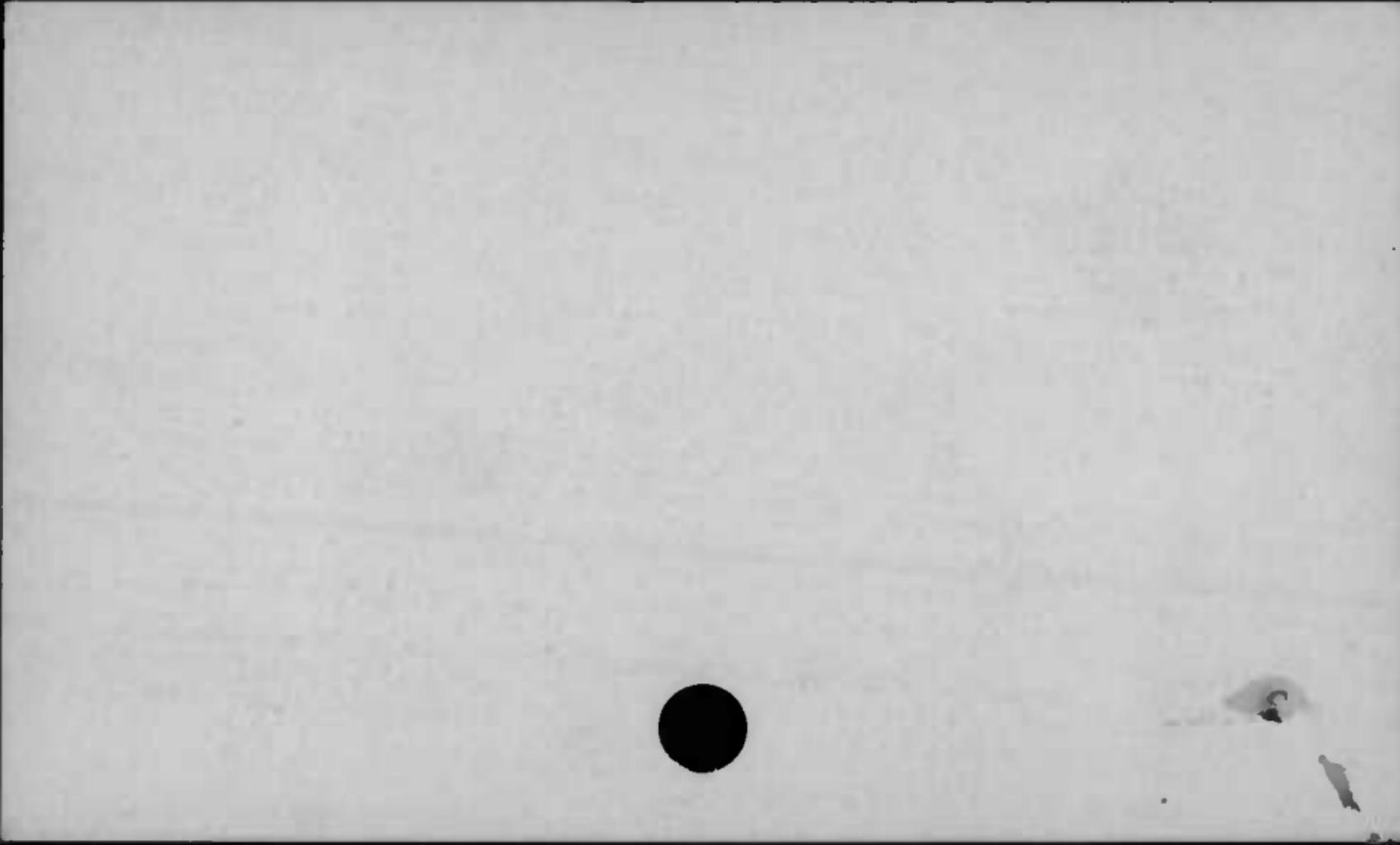
heart comp. & general
became unconscious

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

George W. Higgs

CERTIFICATE OF DEATH

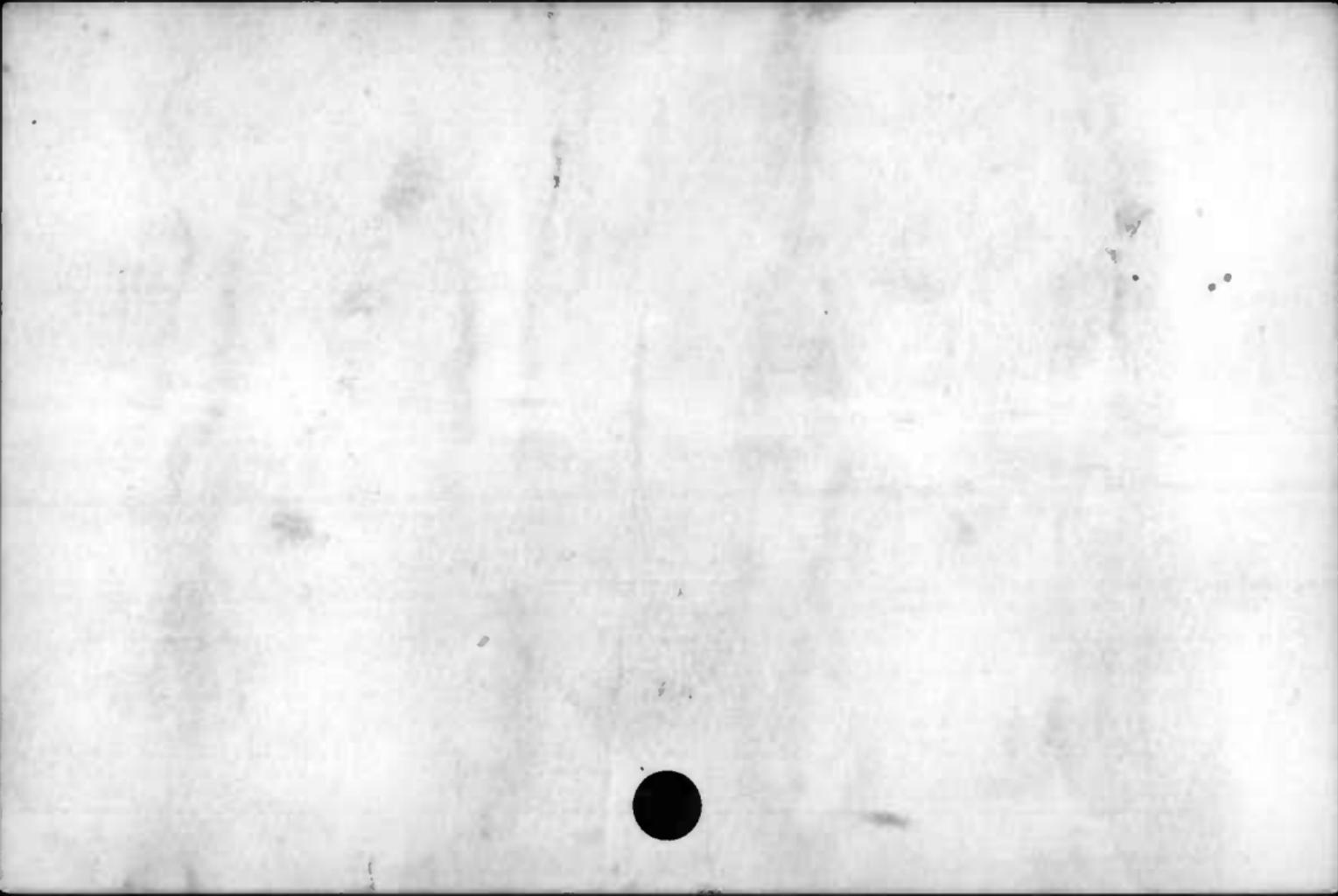
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County	MARYLAND		
Date of death 1903	Month	Day	Year	Months	Days	
Sex	Male	Color or Race	white	Birth-place	Maryland	
Married, Single or Widowed	Occupation		Farmer			
Name of Wife or Husband						
Father's Name			Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace			
Name of person giving Information	79		How related to deceased			

CAUSES OF DEATH

Primary	Organic disease of heart -	How long	3 yrs
Immediate	General Paroxysm	How long	4 mos.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	L. C. Barricromo
		Address	Bryantton, Md.
Accident or Suicide?		No	



Name
in
Full

Mary Grace Howard

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at <u>Waldorf</u>		Town	County <u>Charles</u>	MARYLAND		
Date of death <u>1903</u>	Month <u>Aug</u>	Day <u>4</u>	Years <u>—</u>	Months <u>—</u>	Days <u>25-</u>	
Sex <u>Femal</u>	Color or Race <u>white</u>	Birth-place <u>Charles Co. Md.</u>				
Married, Single or Widowed		Occupation				
Name of Wife or Husband						
Father's Name <u>Mesals Howard</u>		Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Minnie Bowley</u>		Mother's Birthplace <u>Md</u>				
Name of person giving Information <u>Minnie Howard</u>		How related to deceased <u>Mother</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cholera infantum

How long

10 days

Immediate

new

10

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

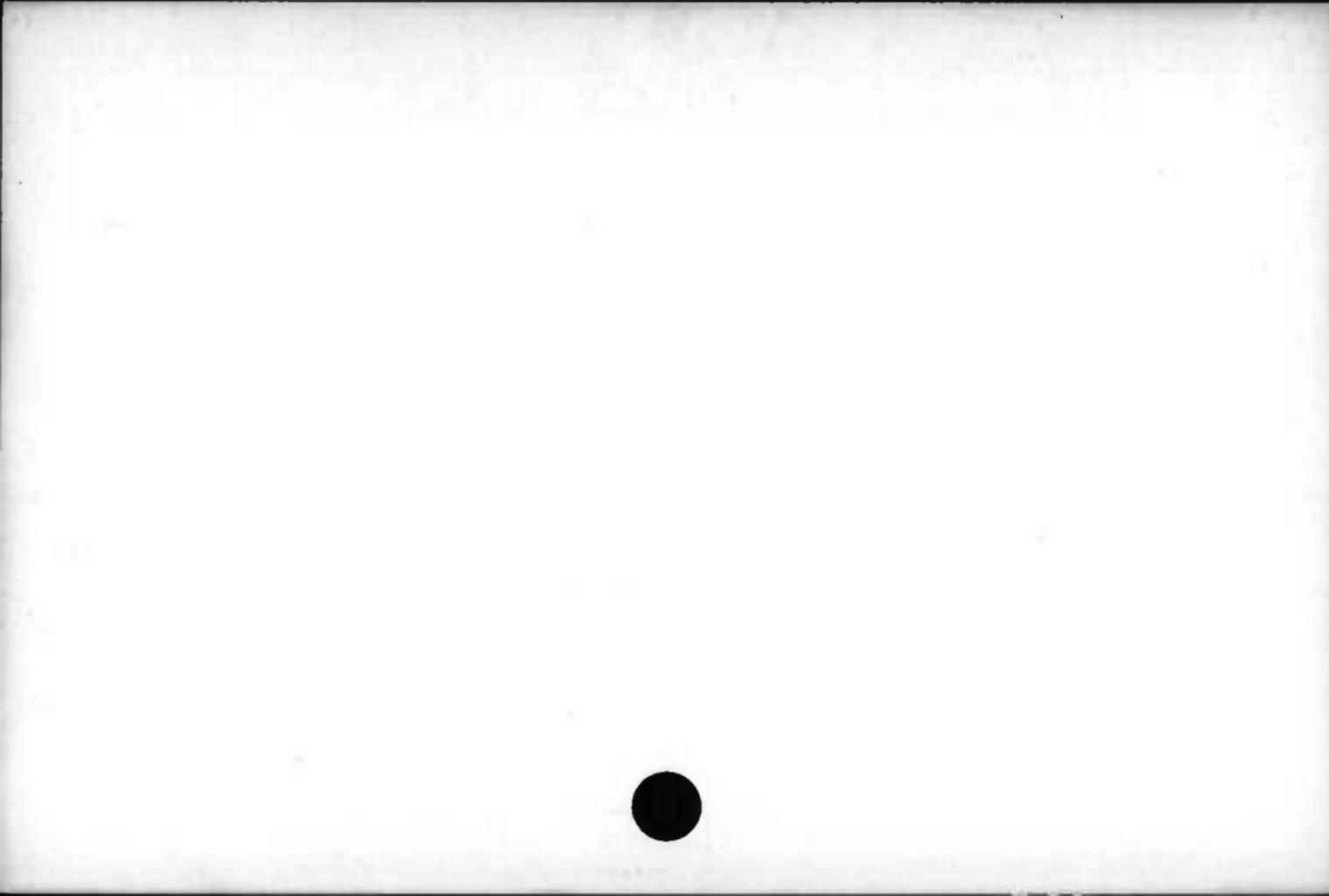
yes

Signature of Physician

Address

Y. M. M. M.
Waldorf Md.

Accident or Suicide?



Thomas Hubert —

Town

County

Died at

Newburg

Charles

MARYLAND

Date 1903

Month Aug Day 27

Y. M. D.
Age 14 - -

Native of

Occupation

Male

White

Age

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of _____

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Jyfford James

aj Smoot and

Address



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Joe. Maddox

Town	<i>Bethelton</i>			County	<i>Washington</i>		MARYLAND
Died at	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1903	Aug	2	—	10	24	<i>Maryland</i>	<i>—</i>
Male	White	Age				Widow	<i>Divorced</i>
Female	<u>Golored</u>	Married				Widower	<u>Number of children living</u>
Husband of							
Wife							

Father's Name	<i>Rob. L. Maddox</i>	Mother's Maiden Name	<i>Edith Wark</i>
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Cause of Death	Primary	<i>Enteric colitis</i>	105	How long sick
	Immediate	<i>Malnutrition - Exhau</i>		6 months
				Accident, Suicide, Homicide

Reported by

Address

J. F. Morrison

*Bethelton
Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

James Mollison

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1903	Month 8	Day 29	Years 27
Sex Male	Color or Race Black	Birth-place	Months Days
Married, Single or Widowed Married	Occupation Laborer		
Name of Wife or Husband Dallie Dorey	Father's Birthplace Unknown		
Father's Name Unknown	Mother's Birthplace Unknown		
Mother's Maiden Name Mrs. L. Basler	How related to deceased		
Name of person giving information Thos Bucklow	None		

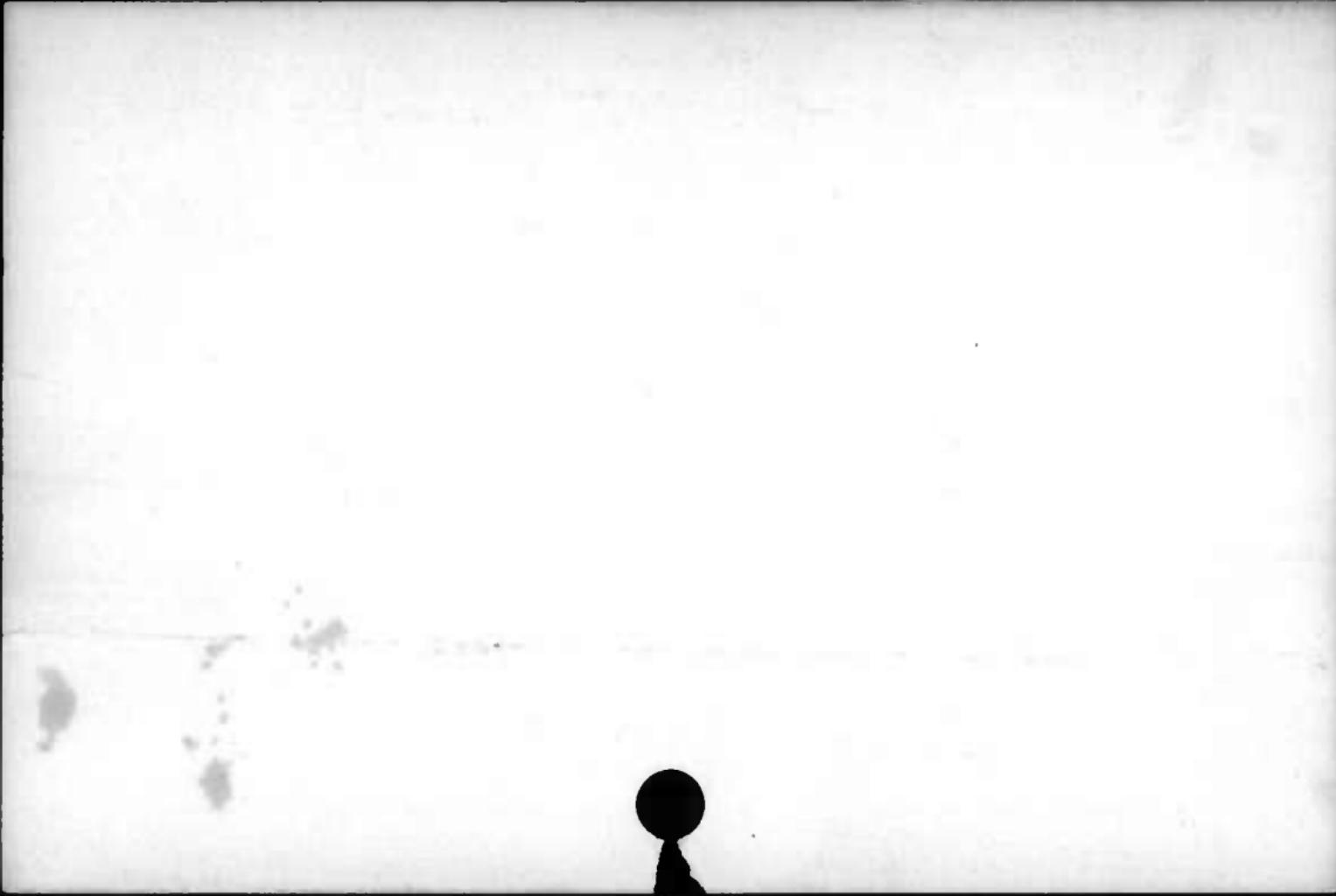
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Broken & fractured bones	How long
Immediate	Shock	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		

Yes

H. C. Chappell, M.D.
Leighsville, Pa.



Name
in
Full

Wm. Brown Penny

CERTIFICATE OF DEATH

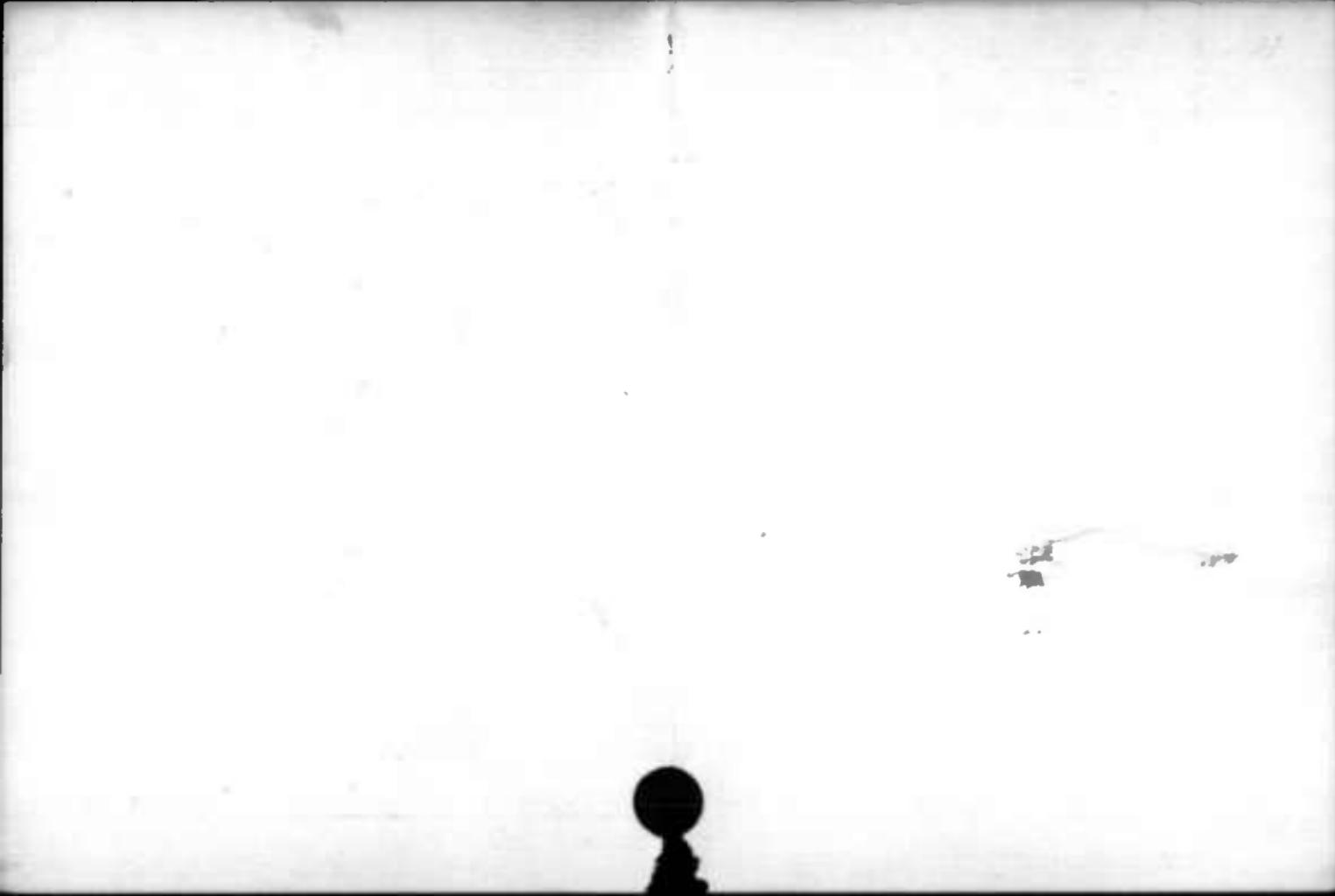
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 8	Day 26	Years 3	Months	Days
Sex male	Color or Race @	Occupation house	Birth- place Md		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name James R Penny	Father's Birthplace Md				
Mother's Maiden Name Elizabeth E Swain	Mother's Birthplace Md				
Name of person giving Information James R Penny	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Spinal Meningitis	How long 3 weeks
Immediate	Asthma & Cardiac Complaint	How long 2 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician Samuel L Harmon
		Address Mason Springs
Accident or Suicide?	Died	



Name
in
Full

Milton Lee Piskurac

CERTIFICATE OF DEATH

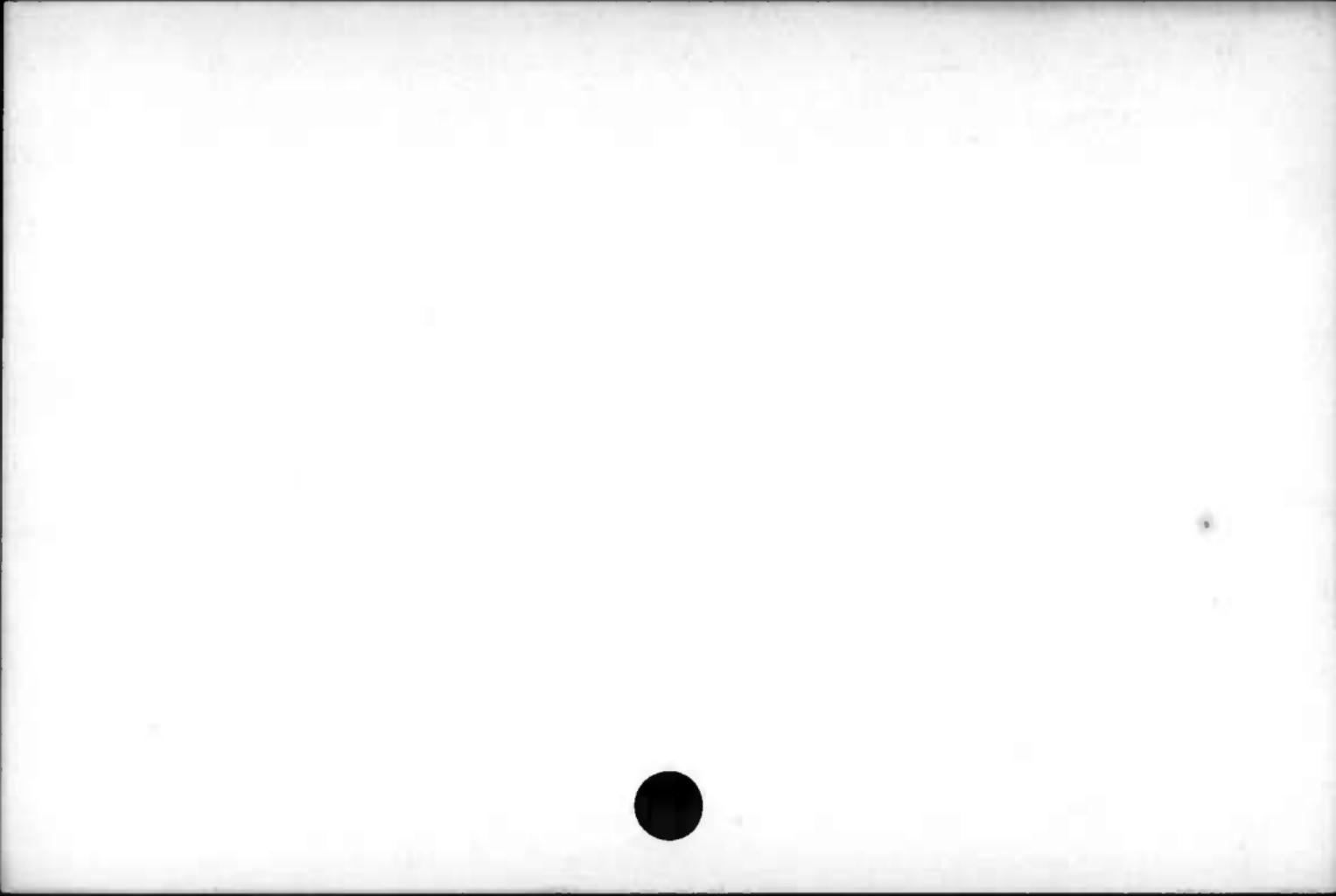
To BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at <u>Waldorf</u>	<u>Charles</u>				
Date of death <u>1903</u>	Month <u>Aug</u>	Day <u>1</u>	Years <u>/</u>	Months <u>8</u>	Days <u>/</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Occupation	Birth-place <u>Ind</u>		
Married Single or Widowed					
Name of Wife or Husband					
Father's Name <u>Joseph Piskurac</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Rosa Roby</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>Joseph Piskurac</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Inflammation stomach</u>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>No doctor</u>
	Address <u>176</u>
Accident or Suicide?	



Name
in
Full

Helen Everlemer Posey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	
Died at near crossroads	Charles	
Date of death 1908	Month August	Day 16
	Years	
Age 9	Months	Days
Sex female	Color or Race Colored	Birth-place Charles County
Married, Single <input checked="" type="checkbox"/> Widowed	Occupation Single	
Name of Wife or Husband		
Father's Name Joseph Posey	Father's Birthplace Charles Co	
Mother's Maiden Name Julia Jackson	Mother's Birthplace Charles Co	
Name of person giving information R. A. Butler	How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cramp

How long

1 day & 2

Immediate

Are the name, age, sex, color, date and place correctly given above?

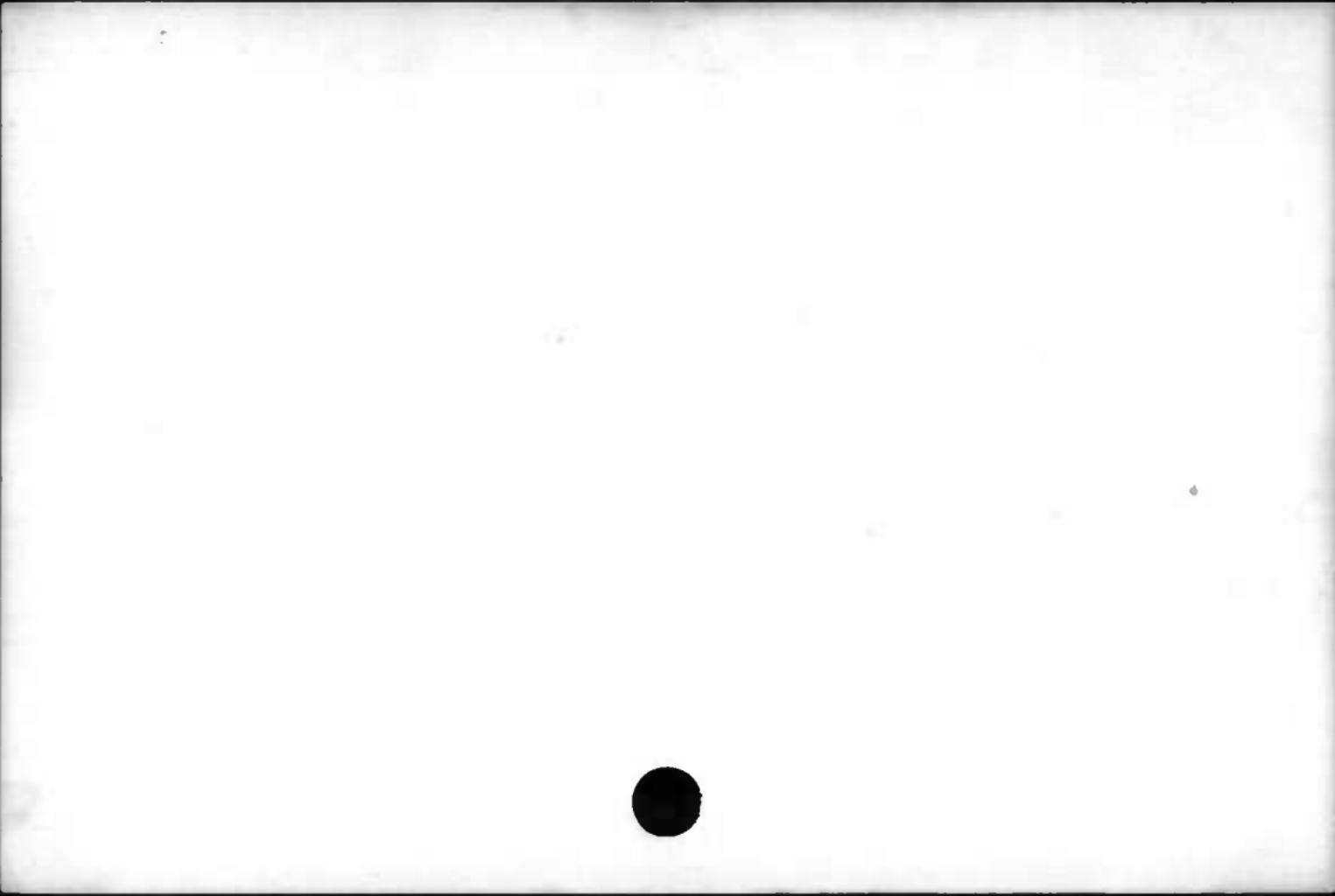
yes

Signature of Physician

Address

179

Accident or Suicide?



George Johnson

Town

County

Died at

Arlington

Charles Co

MARYLAND

Date 180	Month August	Day 4	Y. 4	M.	D.	Native of Maryland	Occupation
Male			Age 4	Married	Widow	Divorced	
Female				Single	Widower	Number of children living	

Husband of
WifeFather's
NameCause of
Death

Reported by

Address

Mother's
Name

How long sick

Accident, Suicide, Homicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Bernard Wade

County

CERTIFICATE OF DEATH

MARYLAND

Died at Bryandston

Town laborer

County

Date of death 1903 Month Aug Day 22 Years 27 Months - Days -

Sex Male

Color or Race

Black

Birthplace

3rd

Married, Single
or Widowed

Single

Occupation

Laborer

Name of Wife or Husband

Father's Name

Blasenow

Father's Birthplace

Mother's Maiden Name

Baroline Wade

Mother's Birthplace

Name of person giving information

Joseph Gross

How related to deceased

Cousin

CAUSES OF DEATH

Primary

Consumption

How long

12 mos

Immediate

Exhaustion

How long

→

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

H.C. Chappell

Address

Kingsville 2nd

Accident or Suicide?

25

2